

REIMBURSEMENT 2023 CARDIAC

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NO DISCLOSURES.



OBJECTIVES

- Recognize current CR/PR regulations related to the COVID PHE
- Explain CMS requirements and regulations for service and billing
- Identify current legislative initiatives that impact CR/PR, and an individual's role
- Acknowledge Pulmonary Rehab Toolkit process and necessity for correct PR cost reporting

COVID PHE

- Currently scheduled to **END MAY 11, 2023**
- CMS will cease coverage for Virtual delivery of CR/PR provided by Hospital Outpatient Services when PHE ends (86 FR 63747)
- Virtual delivery owned and billed by Physician Office Setting continues through 2024
- Virtual direct supervision scheduled to expire Dec 31, 2023 (86 FR 65248)
- ***Telehealth IS NOT the same as virtual delivery/synchronous delivery. Telehealth is only provided by a physician.



VIRTUAL DELIVERY

Virtual
Hybrid
Synchronous/Asynchronous



- Virtual delivery of CR/PR scheduled to cease being covered by CMS when PHE ends (86 FR 63747)
- **Telehealth IS NOT the same as virtual delivery/synchronous delivery.
Telehealth is only provided by a physician.

E/M BILLING CODE - NEW 2022 REGULATION

- Evaluation and Management (E/M) service code
- A Physician billing code, or "professional" code
- Can be applied in connection with establishing & signing the initial ITP or day one of rehab
- All E/M billing requirements need to be met
- **NOT billable by the rehab department**
- 86 FR 65245



NPPS (NON PHYSICIAN PRACTITIONERS)

- Currently cannot order or supervise CR/ICR/PR Medicare
- Will be allowed to supervise CR/ICR/PR in January 2024 (Public Law 115-123)
- HR 1956 / S 1986: expands NPP role to independently order.



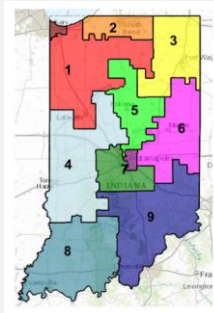
LEGISLATIVE ACTION

- HR3348 will allow CR/ICR/PR to expand space, move off-campus, improve location, reduce waiting lists, add accessible sites without a severe reduction in Medicare reimbursement.
- HR 1956/S.1986 will expand role of NPPs to order & supervise CR/ICR/PR
- Expand virtual delivery as standard HR 9427 (no bill yet)
- <https://www.aacvpr.org/Take-Action> Easily send a support request to your US Representative or both of our US Senators

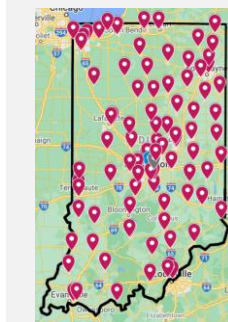


US REPRESENTATIVES- INDIANA

- 1. Representative Mrvan, Frank J. (202) 225-2461
- 2. Representative Yakym, Rudy (202) 225-3915
- 3. Representative Banks, Jim (202) 225-4436
- 4. Representative Baird, James R. (202) 225-5037
- 5. Representative Spartz, Victoria (202) 225-2276
- 6. Representative Pence, Greg (202) 225-3021
- 7. Representative Carson, Andre (202) 225-4011
- 8. Representative Bucshon, Larry (202) 225-4636
- 9. Representative Houchin, Erin (202) 225-5315



INDIANA CR/PR PROGRAMS



CMS CONDITIONS OF COVERAGE

CARDIAC REHAB/ INTENSIVE CARDIAC REHAB
42 CFR 410.49 Code of Federal Regulations

PULMONARY REHAB

• 42 CFR 410.47 Code of Federal Regulations



BILLING 101, CARDIAC

Cardiac Rehab

- CPT Code 93797 Physician Services for outpt CR without continuous ECG monitoring
- CPT Code 93798 Physician Services for outpt CR with continuous ECG monitoring
- Must have some exercise every day
- One session must be ≥ 31 min, Two sessions must be ≥ 91 min (CR), 2 session max/day
- 36 weeks to complete maximum of 36 sessions allowed/diagnosis (CR)
- ITP signed on or before the first day billed
- CMS has no staffing requirements or staff patient ratios
- Phase I (in hospital) is not separately billable to CMS
- Phase III/IV/maintenance is not billable to CMS
- Medicare Provision for CR 42 CFR 410.49

Intensive Cardiac Rehab

- Intensive CR without exercise: G0423
- Intensive CR with exercise: G0422
- Must have some exercise every day
- One session must be ≥ 31 min, Two sessions must be ≥ 91 min (ICR)
- 6 session max/day (ICR)
- 18 weeks for 72 sessions (ICR)
- ITP signed on or before the first day billed
- CMS has no staffing requirements or staff patient ratios
- Phase I (in hospital) is not separately billable to CMS
- Phase III/IV/maintenance is not billable to CMS

BILLING MODIFIERS

KX MODIFIER

- Must be used for any CR sessions beyond the first 36 in a patient's Medicare lifetime
- CWF (common working file) counts up from zero with no cap

Modifier 59

- Two sessions of CR in one day where one 93798 code & one 93797 code are used
- Modifier 59 does NOT apply when: Two sessions of CR in one day where two 93798 codes are used or Two sessions of CR in one day where two 93797 codes are used



SET-PAD THERAPY

- Procedure code: CPT 93668 . Limit: One session/day (30-60 minutes)
- SET is limited to 72 lifetime sessions under Medicare. A second referral is required for sessions over 36 and/or beyond a 12-week period
- CMS counts down # of sessions used (like PR). KX modifier is required after the first 36 sessions Supervised Exercise Therapy for PAD are received
- Level of supervision: Direct supervision by a physician, physician assistant, or nurse practitioner/clinical nurse specialist
- Must have a face-to-face visit with MD managing PAD treatment to obtain a referral to SET
- Two settings covered: hospital outpatient or MD office
- Qualifying criterion: presence of claudication symptoms, this includes pre and post surgical interventions
- NOT CR, no ITP requirement for MD signature



Final 2023 Hospital Outpatient Payment Rates

2023	Service	Procedure	Code APC	Payment Rate	Patient/Secondary Insurance Amount
	Cardiac Rehabilitation w/o Monitor	93797	5771	\$120.07	\$24.02
	Cardiac Rehabilitation w/ Monitor	93798	5771	\$120.07	\$24.02
	Intens Cardiac Rehab w/Exer	G0422	5771	\$120.07	\$24.02
	Intens Cardiac Rehab w/oExer	G0423	5771	\$120.07	\$24.02
	Therapeutic Procedures strength/endurance	G0237	5731	\$24.96	\$5.00
	Other Resp Procedures – Individual	G0238	5731	\$24.96	\$5.00
	Other Resp Procedures – Group	G0239	5732	\$33.96	\$6.80
	Pulmonary Rehabilitation w/o Continuous Oximetry Monitoring	94625	5733	\$57.48	\$11.50
	Pulmonary Rehabilitation w/ Continuous Oximetry Monitoring	94626	5733	\$57.48	\$11.50
	Peripheral Vascular Rehab (SET-PAD)	93668	5733	\$57.48	\$11.50

QUESTIONS?

- Resources available to you:
- Susan Bauman, Cardiac Rehab Reimbursement Chairperson susan.bauman@nwhealthin.com
- Debbie Koehl, Pulmonary Rehab Reimbursement Chairperson dkoehl@iuhealth.org
- www.iscvpr.org
- www.ascvpr.org

